

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Stephen W. Scherer and Berge A. Minassian

Application No.: 10/567,074 Group: 1634

Filed: June 26, 2006 Examiner: Jeanine Anne Goldberg

Confirmation No.:2296

For: Lafora's Disease Gene

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Reply to Restriction Requirement for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

					SMALL ENTITY	OTHER THAN SMALL ENTITY				
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDT. FEE	RATE	ADDT. FEE		
TOTAL	39	MINUS	* 44	0	X \$ 25	\$ [ ]	X 50	\$ [ ]		
INDEP	6	MINUS	** 5	1	X \$105	\$ [ ]	X \$210	\$ 210		
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$185	\$ [ ]	+	\$370	\$ [ ]
					TOTAL = \$ [ ] 0		TOTAL = \$ [ ] 210			
					* not fewer than 20 ** not fewer than 3					

**The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
80	100		X \$130	\$[ ]	X \$260	\$[ ]
						Payment Sufficient for up to 100 Sheets

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the Restriction Requirement dated April 28, 2008 for one month(s) from May 28, 2008 to June 28, 2008. The appropriate fee is set forth below.

*[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input checked="" type="checkbox"/>	Petition for 1 month Extension of Time	\$ 120.00
<input checked="" type="checkbox"/>	Claims Fee	\$ 210.00
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ 330.00
	<b>TOTAL:</b>	<b>\$ 330.00</b>

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for one month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
	<b>TOTAL:</b>	<b>\$ _____</b>

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By /Maria L. Cedroni, Reg. No. 61796/  
Maria L. Cedroni  
Registration No.: 61,796  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133  
Dated: June 30, 2008